



Herkimer

THE STATE UNIVERSITY OF NEW YORK

To: _____ FAX #: _____

I hereby authorize the release of all my health care information to Herkimer College.

Name: _____
Please print clearly

Date of Birth: ____/____/____ Student ID#: H_____
MM DD YYYY

Student Signature: _____

Please send health record information to:

Herkimer College
ATTN: Dean of Students Office
100 Reservoir Road
Herkimer, NY 13350

or

Fax to 315.866.1808

or

Email to DeanofStudents@herkimer.edu

For questions, please call: 315.574.4009